PTO/SB/06 (08-03)
Approved for use through 7/31/2006. OMB 0551.0032

	wie r	SPEC HOLK MEGDE	uon ACL OI 1	995, no persons a	ere required to rec	about to a collection		in white, U	. O. UCYARIME	NI OF COMM	ERCF
	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							n unless it o	Application of Doctor Alfin Design Control number		
		CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY		OTHER THAN		
	FOR NUMBER FILE			TED					- SM.	ALL ENTITY	
	9ASIC FEE (37 CFR 1.16(a))					RAT	E FEE	<u> </u>	RATE	FEE	
	TOTAL CLAIMS							OF	³	1.77	10
Ì	INDEPENDENT CLAIMS			minus 20 = -		- × 5-		OF	X 5	•	•
ŀ						X s	.=	OR	× s		•
H	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ 5	-	OR		1.	_
	"If the difference in column 1 is less than zero, enter "O" in column 2.							OR	TOTAL	770	,
ľ	1111	CLAIMS AS AMENDED - PART II									
-	(Column 1) (Column 2) (Column 3)						LL ENTITY	OR	OTH SMAL	ER THAN L ENTITY	
	5	REMAIN	NG	NUMBER PREVIOUS	PRESENT	RATE	ADOI-	7	RATE		\dashv
	Total (37 cfn 1,16(c) Independent U (37 cfn 1,14(c)	AMENDM	ENT	PAID FOR	3		TIONAL FEE		1	ADDI. TIONAL	ŀ
١	OF CAR 1.15(c)		Min	100		X 5	•	OR	x . 50	50	\dashv
1	U (ST CFR 1,160)	» · 9	Min	* _ 3	=	X 1 =			. 200	1000	\dashv
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (37 CFR 1.15(d))					1		OR	A.1	1000	\dashv
	V	6				TOTAL	 	OR	TOTAL	 	4
	2.13-	COlumn 1				ADD1 FEE	Ļ	_ OR	ADD'L FEE	1250	기
В		CLAIMS REMAININ		(Column 2 HIGHEST		1		7	·		
AMENDMENT		AFTER AMENDMEN	1	PREVIOUSE:	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	. ADDI-	7
Š	Total (37 CFR 1,16(c))	16	Minus	PAID FOR	+		FEE			TIONAL	
EN	independent (37 CFR 1,16(b))	8	Minus	-		X 5=	-	OR	X \$	PURCHASINA	7
ΑŽ	Since	1_0_		7		X S =	-	OR	No. of Concession, Name of Street, or other Persons, or other Pers		7
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,18(d))							OR	+: -	- white	= ive
				•		TOTAL ADDL FEE		OR	TOTAL		1
_		(Column 1)	_	(Column 2)	(Column 3)		.	, OK	ADD'TEE		∤.
이		REMAINING		HIGHEST NUMBER	PRESENT			Г			1
		AFTER AMENOMENT		PREVIOUSLY.	EXTRA	RATE	ADOI- TIONAL	- 1	RATE	ADDI-	
2	(3) CER 1.16(4)	•	Minus	PAID FOR	-	 	FEE	-		TIONAL FEE	
Ž	Independent (37 CFR 1,15(b))	•	Minus		2	X \$=		OR 2			
J. C.	FIRST PRESENT	ATION OF MULTIP	LE DEPENDE	NT CLAIM 137 CES	X.5e		OR X				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(4))							OR 1	=		
٠	the entry in co	lunn t is less the	an the entry	in column 2, write	ADOL FEE			OTAL DOL FEE			
N	the 'Hinhest No	Imher Previoust	Chiara	IN THIS SPACE IS	less than 20, ent	ler "20".	- 		_		
coli	he Highest Nur	mber Previously	Paid For [1	olal or Independer	ni) is the highest i	r "3". Number lound in th	e appropriate s	tor in con-		1	

The Highest Number Previously Paid For" (1 otal or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this borden, should be sent to the Chief Information Officer, U.S. Palent and Irademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS, SEND TO: Commissioner for Palents, P.O. Box 1450, Alexandria, VA 22313-1450.